

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213550230</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>NATIONAL CENTER FOR VICTIMS OF CRIME, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>JEFFREY R DION</b>  <b>11954 HOLLY VIEW DRIVE</b>  <b>WOODBIDGE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>PRINCE WILLIAM COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2013</b></p> <p>SCC ID NO: <b>05035837</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2000 M STREET NW SUITE 480 FINANCE</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20036</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MAI FERNANDEZ  TITLE: PRESIDENT  ADDRESS: 2000 M ST NW STE 480  CITY/ST/ZIP/CO: WASHINGTON, DC 20036 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MAI FERNANDEZ TITLE: PRESIDENT ADDRESS: 2000 M ST NW STE 480 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PHILIP GERSON  TITLE: CHAIRMAN  ADDRESS: 1980 CORAL WAY  CITY/ST/ZIP/CO: MIAMI, FL 33145 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PHILIP GERSON TITLE: CHAIRMAN ADDRESS: 1980 CORAL WAY CITY/ST/ZIP/CO: MIAMI, FL 33145	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: G MORRIS GURLEY  TITLE: VICE PRESIDENT  ADDRESS: 263 WEST END AVE APT 20B  CITY/ST/ZIP/CO: NEW YORK, NY 10023 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: G MORRIS GURLEY TITLE: VICE PRESIDENT ADDRESS: 263 WEST END AVE APT 20B CITY/ST/ZIP/CO: NEW YORK, NY 10023	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK MANDELL  TITLE: DIRECTOR  ADDRESS: ONE PARK ROW  C/O MANDELL, SCHWARTZ &amp; BOISCLAIR  CITY/ST/ZIP/CO: PROVIDENCE, RI 02903 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARK MANDELL TITLE: DIRECTOR ADDRESS: ONE PARK ROW C/O MANDELL, SCHWARTZ & BOISCLAIR CITY/ST/ZIP/CO: PROVIDENCE, RI 02903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	ALEXANDER AUERSPERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	829 PARK AVE APT 10A		
CITY/ST/ZIP/CO:	NEW YORK, NY 10021		
NAME:	PATRICIA BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3307 M ST NW STE 301		
CITY/ST/ZIP/CO:	C/O BIZTECHREPORTS.COM WASHINGTON, DC 20007		
NAME:	DENISE FORTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1722 E ST SE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20003		
NAME:	MELVIN HEWITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7000 PEACHTREE DUNWOODY RD BLDG 15 STE 100		
CITY/ST/ZIP/CO:	C/O ISENBERG & HEWITT, P.C. ATLANTA, GA 30328		
NAME:	ALA ISHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1215 FIFTH AVE APT 12B		
CITY/ST/ZIP/CO:	NEW YORK, NY 10029		
NAME:	RALPH H ISHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	410 PARK AVE STE 1710		
CITY/ST/ZIP/CO:	C/O GH VENTURE PARTNERS, LLC NEW YORK, NY 10022		
NAME:	LEONARD KLEVAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	67 BATES BLVD		
CITY/ST/ZIP/CO:	ORINDA, CA 94563		
NAME:	BRIAN MARTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1540 BROADWAY STE 1630		
CITY/ST/ZIP/CO:	C/O BRAND COMMUNICATIONS NEW YORK, NY 10036		
NAME:	FRANK M OCHBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4383 MAUMEE DR		
CITY/ST/ZIP/CO:	OKEMOS, MI 48864		
NAME:	KATHLEEN FLYNN PETERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 LASALLE AVE, 2800 LASALLE PLAZA		
CITY/ST/ZIP/CO:	C/O ROBINS, KAPLAN, MILLER, & CIRESI LLP MINNEAPOLIS, MN 55402		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN RICKMAN TREASURER 4825 MARK CENTER DR C/O CNA ALEXANDRIA, VA 22311	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES J SGRO DIRECTOR 16 DANIELS RD BOONTON TOWNSHIP, NJ 07005	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC SMITH DIRECTOR 200 E FORSYTH ST C/O MADDOX HORNE LAW FIRM JACKSONVILLE, FL 32202	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCISCO ACEVEDO VILLARRUEL DIRECTOR 1700 CRANSTON CT C/O MICHIGAN STATE UNIVERSITY EAST LANSING, MI 48823	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MAI FERNANDEZ		MAI FERNANDEZ, PRESIDENT		10/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					